



LAW-0220  
09/01

For State Use Only:

Print or type registrant's name and HAWAII BUSINESS STREET ADDRESS

**PHYSICIAN'S ASSISTANT APPLICATION FOR CONTROLLED SUBSTANCES (CHAPTER 329 HRS)**

**NARCOTICS ENFORCEMENT DIVISION**  
State of Hawaii  
Department of Public Safety  
3375 Koaepaka Street, #D100  
Honolulu, HI 96819  
Phone (808) 837-8470  
Fax (808) 837-8474

Reg: \_\_\_\_\_ Exp: \_\_\_\_\_ Rec: \_\_\_\_\_  
 Initial

Business Phone \_\_\_\_\_

Pager \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Check if change of address

**THIS SECTION TO BE FILLED OUT BY SUPERVISING PHYSICIAN:**

1. **REGISTRATION CLASSIFICATION:**  
 **PHYSICIAN'S ASSISTANT**

2. **STATE OF HAWAII LICENSE NUMBER:**

(submit wallet size photocopy) \_\_\_\_\_ Expiration Date \_\_\_\_\_

3. **FEDERAL DEA NUMBER: (renewals only)**

(submit CLEAR photocopy) \_\_\_\_\_ Expiration Date \_\_\_\_\_

State License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_ DEA No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(submit CLEAR copy of Hawaii State License, wallet size, and Federal DEA Certificate)

I, \_\_\_\_\_, hereby certify that I am a physician licensed to practice medicine in the State of Hawaii and registered under Section 329-33, HRS. I understand and retain full professional and legal responsibility for the performance of the listed physician assistant in accordance with Chapter 329-1, HRS. My Hawaii State License and Federal DEA numbers are as shown below.

4. **ALL APPLICANTS MUST ANSWER THE FOLLOWING:**

Has the applicant, corporation, firm, partner or officer of the applicant been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution, dispensing, prescribing or possession of controlled substances?  
 YES  NO

Has any previous registration held by the applicant, corporation, firm, partner or officer of the applicant under the CSA been surrendered, revoked, suspended, denied or pending such action?  
 YES  NO

**DRUG SCHEDULES:**

- SCHEDULE II - Narcotic
- SCHEDULE II - Non-Narcotic
- SCHEDULE III - Narcotic
- SCHEDULE III - Non-Narcotic
- SCHEDULE IV
- SCHEDULE V

**ACTIVITIES:**

- ADMINISTER
- PRESCRIBE
- DISPENSE

As the supervising physician or osteopathic physician supervising this subordinate physician assistant I retain full professional and legal responsibility for the performance of the physician assistant and delegate the authority to administer, prescribe and dispense the above listed scheduled drugs. Hawaii Administrative Rules Title 16, Chapter 85.

Date \_\_\_\_\_ Physician's Assistant Signature \_\_\_\_\_

Mail Complete Application with:

- 1) Fee (see enclosed fee listing)
- 2) Copy of PA's State License & DEA Certificate
- 3) Copy of Supervising Physician's License & DEA Certificate

Date \_\_\_\_\_

Supervising Physician's Signature \_\_\_\_\_ Title/Specialty \_\_\_\_\_

FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.

ALL APPLICATIONS MUST BE RECEIVED IN OUR OFFICE BY EXPIRATION DATE OR A LATE FEE WILL BE CHARGED.